

PSJ2 Exh 105

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4
5 IN RE: NATIONAL MDL No. 2804
6 PRESCRIPTION OPIATE
7 LITIGATION Case No.
8 1:17-MD-2804

9 *****
10 THIS DOCUMENT RELATES TO Hon. Dan A. Polster
11 ALL CASES
12 *****

13 HIGHLY CONFIDENTIAL - SUBJECT TO
14 FURTHER CONFIDENTIALITY REVIEW
15

16 VIDEOTAPED DEPOSITION OF
17 CURTIS WRIGHT, IV, M.D., M.P.H.
18

19 Wednesday, December 19th, 2018
20 9:01 a.m.
21

22 Held At:
23 Grappone Conference Center
24 70 Constitution Avenue
25 Concord, New Hampshire

26 REPORTED BY:
27 Maureen O'Connor Pollard, RMR, CLR, CSR

1 A. This is pretty much my entire group.

2 Q. Okay. So everybody listed among the
3 authors are Purdue Pharma employees who worked
4 for you or with you?

5 A. Well, they didn't work for me.

6 Salvatore Carino was the computer guy in
7 marketing who had the IMS data that we used, and
8 so he was the one that had to make the data
9 available to us and make it available in a form
10 that we could use.

11 Meredith Smith was the epidemiologist
12 that was hired to service both Dr. Haddox and
13 myself in that group. David Haddox, myself,
14 Doug Kramer, medical officer, and Mary-Ann
15 Zalman was the medical writer. I remembered who
16 she is at last.

17 Q. All right. So you recognize this
18 article as one you all participated in, correct?

19 A. Yes.

20 Q. If we turn to Page 141. And by the
21 way, let's just put the date on the record. The
22 date of the publication is 2006, correct?

23 A. (Nodding in the affirmative).

24 Q. So if we turn to Page 141. So if you
25 look on the top paragraph of the first column,

1 can you read the sentence beginning "The
2 remarkable constancy"?

3 A. "The remarkable constancy of the
4 relationship of drug abuse sequelae to the
5 magnitude of prescriptive usage, among opioids,
6 suggests that as legitimate use of an opioid
7 medication increases, the prevalence of
8 non-medical use and its consequences increase as
9 well."

10 Q. Okay. And does that correctly reflect
11 the conclusions you reached as a result of your
12 study?

13 A. That is the primary conclusion of the
14 study, along with the secondary finding that it
15 didn't matter what the drug was.

16 Q. And so can you -- the sentence you
17 read out loud, can you restate that in more lay
18 terms, please?

19 MR. SNAPP: Object to the form.

20 A. Yes.

21 BY MS. SINGER:

22 Q. Could you do that?

23 A. Yes. We have a control system in this
24 country that is intended to prevent drugs
25 leaking out of the prescriptive proper use for a

1 patient. Our -- my hypothesis going in, and it
2 was my hypothesis, is that has a certain
3 percentage effectiveness. Some percent of the
4 drugs that are intended to get to patients leak
5 out. When they leak out, if they leak out in a
6 fixed amount, then the number of cases will be
7 constant. There's so many drug addicts who are
8 diverting them. If it's a percentage, you know,
9 the system is 99.9 percent effective, say, then
10 as you put more drugs into the prescriptive drug
11 flow, as there are more in the marketplace, as
12 there's more in the pharmacies, as they're more
13 in the prescriptions, as there's more in the
14 medicine cabinets at home, more will leak out.

15 So given the given set of controls
16 that were operative during the period of this
17 study, the more prescription drugs you had in
18 the marketplace the more drug abuse cases you
19 would have.

20 Q. And what was the period of the study?

21 A. You would ask that. 1994 to 2002.

22 Q. Okay. And so going back to how you
23 presented this, it is not a fixed amount, it is
24 a percentage, so you increase the volume you
25 increase the --

1 A. Number of cases.

2 Q. And in reaching this conclusion you
3 relied again on DAWN ED data, correct?

4 A. The sources of this data were
5 multiple. One was the DAWN emergency department
6 data which was -- had some problems because they
7 changed -- periodically they change those
8 surveys and assure us that everything is okay.
9 Sometimes statistically they're not. And we
10 then had to use the IMS data for how many kilos
11 of oxycodone, how many kilos of hydrocodone, how
12 many kilos of fentanyl, how many kilos of
13 morphine were in the pharmaceutical pipeline, so
14 we had to reduce all of the companies that made
15 morphine down to a total, and then we had to
16 adjust so that we were adding the right amount
17 of morphine and the right amount of oxycodone
18 and the right amount of fentanyl, converting it
19 all to morphine equivalence.

20 Clear so far?

21 Q. Crystal.

22 So effectively, DAWN ED data gave you
23 the measure of abuse, correct?

24 A. It was a surrogate measure of abuse.

25 MR. SNAPP: Object to the form.